



Florida Department of Agriculture and Consumer Services
Division of Food Safety

REQUEST FOR INITIAL INSPECTION AND ANNUAL FOOD PERMIT APPLICATION

Bureau of Food Inspection
3125 Conner Boulevard C-26
Tallahassee, FL 32399-1650
Phone: (850)245-5520 FAX: (850)245-5553
Email: FoodInsp@FreshFromFlorida.com

**NICOLE "NIKKI" FRIED
COMMISSIONER**

Chapter 500, Florida Statutes

The Florida Department of Agriculture and Consumer Services is the exclusive regulatory and permitting authority for any person, business or corporation engaged in manufacturing, processing, packing, holding or preparing food or selling food at wholesale or retail. For purposes of this application, food is considered to include, but is not limited to, all prepackaged grocery items, prepared foods, packaged ice, bottled or vended water, candy and other snack foods, soda, infant formula, vitamin and mineral dietary supplements

INFORMATION ABOUT THE LOCATION TO BE PERMITTED

Business Sales Sells Directly to Consumer Sells to Other Businesses Both
Water Source Municipal Well Both
Do You Package/Sell Ice For Sale? Yes No
Plan Review Yes No
Wastewater Type Municipal Septic
Do You Bottle Water? Yes No

Business Name _____ **County** _____
Foods Sold/Manufactured _____
Location Address _____
City/State/Zip _____
Phone Number _____ **Alternate Phone Number** _____
Directions _____

INFORMATION ABOUT THE OWNER

Name of Owner _____
Business Type Individual Co-Owners Partnership (LP, LLP, GP, etc) Corporation (Inc., Corp., LLC) Non-Profit
Owner Phone Number _____ **Alternate Phone Number** _____
Mailing Address _____
City/State/Zip _____ **Email** _____
Federal Employers ID (FEIN) _____ **Sales Tax Number** _____

Please provide all of the information requested above and submit via email, fax or mail. You will be contacted to schedule an inspection which is required prior to issuance of an Annual Food Permit.

Contact Name and Phone Number for opening inspection _____

Estimated Opening Date _____

DO NOT SUBMIT MORE THAN TWO WEEKS PRIOR TO OPENING.

This application must be signed by the applicant, owner or chief executive of the applicant, without the need for witnesses. If a corporation is in the hands of a receiver or trustee, this application shall be executed on behalf of the corporation by the receiver or trustee. I certify that I am empowered to execute this application as required by Chapter 500, Florida Statutes.

Print/Type Name of Applicant _____ Title _____

Signature _____ Date _____

FOR INSPECTOR USE ONLY

Food Entity Number _____ **Food Entity Type** _____ **Territory** _____ **Date** _____
 New Business Corrected Information Other